

## NATIVE AMERICAN TUITION WAIVER REQUEST FORM

\_\_\_\_\_  
Name & Campus of College/University

\_\_\_\_\_  
Which Semester?

Name \_\_\_\_\_ SS# \_\_\_\_\_

School Address: (if living on campus) \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) ( ) \_\_\_\_\_ home ( ) \_\_\_\_\_ school/work

Tribe \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail address \_\_\_\_\_ (please print clearly)

\_\_\_\_ This is my first time applying for the tuition waiver. I have therefore attached: (1) a copy of my letter of acceptance from the college (or a copy of my classes) and (2) a copy of my tribal i.d. (or tribal letter.)

I am a: \_\_\_\_ full-time student \_\_\_\_ part-time day student \_\_\_\_ part-time evening student

My courses are for: \_\_\_\_ Undergraduate Work \_\_\_\_ Graduate Work

\_\_\_\_ I am registered through the **Division of Continuing Education**

*(The Division of Continuing Ed. is not state funded so it is not required to accept the tuition waiver. Some university campus/colleges do, but most do not. We find this information useful.)*

\_\_\_\_ I am **NOT** registered through the **Division of Continuing Education**

My field of study is \_\_\_\_\_ My anticipated date of graduation is \_\_\_\_\_

Please mail or fax this form by July 15<sup>th</sup> for the Fall Semester and by December 15<sup>th</sup> for the Spring Semester. If you fax the form, there is no need to mail the original unless requested.

Massachusetts Commission on Indian Affairs  
ATTN: Tuition Waiver Program  
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Boston, MA 02114  
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